

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32470

Registration District No. 19

Primary Registration District No. 0376

Registrar's No. 56

1. PLACE OF DEATH:

(a) County DAKOTA
(b) City or town RURAL GRAND RIVER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY KUNA ZEIDLER

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife: - 6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: OCT - 7 - 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 6 If less than one day hr. min.

9. Birthplace: DUBUQUE IOWA
(City, town or county) (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

12. Name: Andrew Roeder

13. Birthplace: Germany
(City, town or county) (State or foreign country)

14. Maiden name: UNKNOWN

15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ray Dixon

(b) Address: CAMERON MO. #1448

17. (a) Removal (b) Date thereof: OCT. 17, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MALLARD IOWA

18. (a) Signature of funeral director: DEMOSS CRUNK

(b) Address: CAMERON MO

19. (a) 10-15-48 (b) Davidson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DAKOTA 3rd
(c) City or town RURAL GRAND RIVER 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. - (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 13
year 1948 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from and
24 1948 to Oct 10 1948
that I last saw her alive on Oct 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to: -

Due to: -

Other conditions: B
(Include pregnancy within 3 months of death)

Major findings: 112B
Of operations

Of autopsy: -

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): -

(b) Date of occurrence: -

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place) (e) Means of injury: -

23. Signature: A.O. Gilliland (M.D. or other)

Address: Cameron Date signed: Oct 13 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lee Moss Crunk

Licensed Embalmer No. *2533*

P. O. Address. *Cameron, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.